

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035387

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 39

Primary Registration District No. 5227

Registrar's No. 162

FILED OCT 15 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Peculiar Twp		Length of stay in 1b 30 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Rest Home		d. STREET ADDRESS (If outside, give location) RFD	
3. NAME OF DECEASED (Type or print) Zachariah DeGraffenreid		4. DATE OF DEATH Month Day Year Oct. 3, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/24/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Carpenter		11. BIRTHPLACE (City and state or country) Miller Co. Missouri	
13a. FATHER'S NAME Zachariah M. DeGraffenreid		14. NAME OF HUSBAND OR WIFE Dora I. DeGraffenreid	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Unknown		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary adenoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac insufficiency DUE TO (c) Arteriosclerosis		17. INFORMANT Dora DeGraffenreid, Louisburg, Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) Fractured hip		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	25b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept 3 to Oct 3 and last saw him alive on Oct 3, 1963 Death occurred at 1:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. E. Kirsch (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 6, 1963	
23c. NAME OF CEMETERY OR CREMATORY Parrack Grove Cem.		23d. LOCATION (City, town, or county) Camden Co. Missouri	
24. FUNERAL DIRECTOR Allen W. Vaughan, Urbana, Missouri		25. DATE RECD. BY LOCAL REG. Oct 6 - 1963	
26. REGISTRAR'S SIGNATURE Ray J. Lebrun		27. DATE SIGNED 10/3/63	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Robert W. Cushman

Licensed Embalmer No. 7902

P. O. Address Hawthorne, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.